

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037953

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318

1003

9453

FILED SEP 26 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b
15 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Christian Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4925 Harney Avenue

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Julia E. Ragan

4. DATE OF DEATH
Month Day Year
September 19 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-25-1912

9. AGE (last birthday)

51 yrs.

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Patrick Hughes

13b. MOTHER'S MAIDEN NAME

Elizabeth McHugh

14. NAME OF HUSBAND OR WIFE

Walter Ragan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Walter Ragan 4925 Harney Avenue St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Malignancy of sigmoid colon.

INTERVAL BETWEEN ONSET AND DEATH

1 day

DUE TO (b)

Rupture of malignancy

DUE TO (c)

Pneumonia & Cardiac Syncope

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a)

153.3

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

9/18/63 6:50

9/19/63

and last saw her alive on 9/19/63

9/19/63

22a. SIGNATURE

Math Hermann

(Degree or title)

22b. ADDRESS

6917 W. Flouissant Ave

22c. DATE SIGNED

9/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-23-1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Math Hermann & Son, Inc. 2161 East Fair

25. DATE REGD. BY LOCAL REG.

SEP 21 1963

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

St. Louis, Missouri

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Julius P. Brown

Licensed Embalmer No.

5146

P. O. Address

St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.